



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		1134044.75
(b) Cash on Hand at Beginning of Reporting Period.....	1134044.75	
(c) Total Receipts (from Line 19) .....	2006410.84	2006410.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3140455.59	3140455.59
7. Total Disbursements (from Line 31).....	2299093.64	2299093.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	841361.95	841361.95
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	239686.55	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2006410.84	2006410.84
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2006410.84	2006410.84
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2006410.84	2006410.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2006410.84	2006410.84

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	317135.30	317135.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	317135.30	317135.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	1978147.82	1978147.82
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	3810.52	3810.52
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2299093.64	2299093.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2299093.64	2299093.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2006410.84	2006410.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2006410.84	2006410.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	317135.30	317135.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	317135.30	317135.30

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 152
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

**A. National Nurses United**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8630 Fenton Street  
Suite 1100  
City Silver Spring State MD Zip Code 20910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
2006410.84

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2016  
**Transaction ID : C9958327**  
Amount of Each Receipt this Period  
243149.08  
 Memo Item

**B. National Nurses United**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8630 Fenton Street  
Suite 1100  
City Silver Spring State MD Zip Code 20910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
2006410.84

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2016  
**Transaction ID : C9958328**  
Amount of Each Receipt this Period  
263261.76  
 Memo Item

**C. National Nurses United**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8630 Fenton Street  
Suite 1100  
City Silver Spring State MD Zip Code 20910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
2006410.84

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2016  
**Transaction ID : C9958329**  
Amount of Each Receipt this Period  
1500000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2006410.84
<b>TOTAL</b> This Period (last page this line number only).....▶	2006410.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. Alliance Graphics**

Mailing Address 1101 8th Street

City Berkeley State CA Zip Code 94710

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : D711015

Amount of Each Disbursement this Period

1952.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bus Bank**

Mailing Address 820 West Jackson Suite 815

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Bus tour expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : D710716

Amount of Each Disbursement this Period

53320.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bus Bank**

Mailing Address 820 West Jackson Suite 815

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Bus tour expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : D711011

Amount of Each Disbursement this Period

577.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

55849.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. Bus Bank**

Mailing Address 820 West Jackson  
Suite 815

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Bus tour expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : D711012

Amount of Each Disbursement this Period

451.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. California Nurses Association**

Mailing Address 155 Grand Avenue

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Admin

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : D711002

Amount of Each Disbursement this Period

398.11

Memo Item

Full Name (Last, First, Middle Initial)

**C. California Nurses Association**

Mailing Address 155 Grand Avenue

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : D711003

Amount of Each Disbursement this Period

873.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1723.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

**Transaction ID : D711004**

Amount of Each Disbursement this Period

1886.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : D711005**

Amount of Each Disbursement this Period

66530.53

Memo Item

Full Name (Last, First, Middle Initial)

**C. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Site Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

**Transaction ID : D711006**

Amount of Each Disbursement this Period

1380.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

69797.38

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

**Transaction ID : D711007**

Amount of Each Disbursement this Period

10399.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Site Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

**Transaction ID : D711008**

Amount of Each Disbursement this Period

1370.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Overhead

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : D711009**

Amount of Each Disbursement this Period

14339.25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

26108.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 22 / 2016

**Transaction ID : D711010**

Amount of Each Disbursement this Period

22435.84

Memo Item

Full Name (Last, First, Middle Initial)

**B. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Site Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2016

**Transaction ID : D711020**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2016

**Transaction ID : D711021**

Amount of Each Disbursement this Period

436.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

22897.74

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D711023**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D712349**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D712351**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : D712352**

Amount of Each Disbursement this Period

943.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bernie Staff In-Kind

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 15 / 2016

**Transaction ID : D712353**

Amount of Each Disbursement this Period

2748.82

Memo Item

Full Name (Last, First, Middle Initial)

**C. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 22 / 2016

**Transaction ID : D712356**

Amount of Each Disbursement this Period

943.42

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4635.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. DLX for Small Business**

Mailing Address 3680 Victoria Street North

City State Zip Code  
Saint Paul MN 55126

Purpose of Disbursement  
Checks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2016

**Transaction ID : D712323**

Amount of Each Disbursement this Period

349.96
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. ELead Resources**

Mailing Address 314 W Superior St

City State Zip Code  
Chicago IL 60654

Purpose of Disbursement  
Printing for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2016

**Transaction ID : D711558**

Amount of Each Disbursement this Period

1687.50
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Iowa CCI Action Fund**

Mailing Address 2001 Forest Ave

City State Zip Code  
Des Moines IA 50311

Purpose of Disbursement  
Payroll Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	10	/	2016

**Transaction ID : D711018**

Amount of Each Disbursement this Period

18486.66
----------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

20524.12
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fee for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2016

**Transaction ID : D711296**

Amount of Each Disbursement this Period

25.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fee for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2016

**Transaction ID : D711297**

Amount of Each Disbursement this Period

25.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. JP Morgan Chase**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

**Transaction ID : D712317**

Amount of Each Disbursement this Period

25.00
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

75.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2016

**Transaction ID : D712318**

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : D712319**

Amount of Each Disbursement this Period

160.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Local 1, Lithographers**

Mailing Address 113 University Place

City State Zip Code  
New York NY 10003

Purpose of Disbursement  
Site Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2016

**Transaction ID : D711019**

Amount of Each Disbursement this Period

300.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

475.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. Minnesota Nurses Association**

Mailing Address 345 Randolph Ave #200

City St Paul State MN Zip Code 55102

Purpose of Disbursement  
Travel for PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2016

Transaction ID : D711559

Amount of Each Disbursement this Period

1838.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Intervention**

Mailing Address 1211 D St NE

City Washington State DC Zip Code 20002-6333

Purpose of Disbursement  
Data services for PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : D711560

Amount of Each Disbursement this Period

50000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Postal Systems, Inc.**

Mailing Address 1890 North Blvd.

City San Leandro State CA Zip Code 94577

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : D711013

Amount of Each Disbursement this Period

5219.32

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

57057.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. Postal Systems, Inc.**

Mailing Address 1890 North Blvd.

City San Leandro State CA Zip Code 94577

Purpose of Disbursement  
postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : D711014

Amount of Each Disbursement this Period

56249.17

Memo Item

Full Name (Last, First, Middle Initial)

**B. Reclaim Chicago**

Mailing Address 850 W Jefferson Blvd  
Suite 750

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Equipment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : D712320

Amount of Each Disbursement this Period

43.60

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

56292.77

317010.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : D710717

Amount of Each Disbursement this Period

611.05

Memo Item

Full Name (Last, First, Middle Initial)

**B. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : D710718

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. California Nurses Association**

Mailing Address 155 Grand Avenue

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Non-federal contribution Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : D710719

Amount of Each Disbursement this Period

474.47

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1310.52

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

Full Name (Last, First, Middle Initial)

**A. Reclaim Chicago**

Mailing Address 850 W Jefferson Blvd  
Suite 750

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2016

**Transaction ID : D711016**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2500.00

3810.52

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 152
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Payroll
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712397</b>	
Amount Incurred This Period 18679.33	Payment This Period 0.00	Outstanding Balance at Close of This Period 18679.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Online Communication
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712398</b>	
Amount Incurred This Period 3363.47	Payment This Period 0.00	Outstanding Balance at Close of This Period 3363.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Travel
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712399</b>	
Amount Incurred This Period 79194.83	Payment This Period 0.00	Outstanding Balance at Close of This Period 79194.83

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	101237.63
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 152
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Travel
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712400</b>	
Amount Incurred This Period 1036.91	Payment This Period 0.00	Outstanding Balance at Close of This Period 1036.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Office Supplies
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712401</b>	
Amount Incurred This Period 917.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 917.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Travel
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712402</b>	
Amount Incurred This Period 47308.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 47308.20

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	49262.61
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 152
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Travel
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712403</b>	
Amount Incurred This Period 52029.13	Payment This Period 0.00	Outstanding Balance at Close of This Period 52029.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Travel
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712404</b>	
Amount Incurred This Period 8253.04	Payment This Period 0.00	Outstanding Balance at Close of This Period 8253.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Rent
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712405</b>	
Amount Incurred This Period 2611.95	Payment This Period 0.00	Outstanding Balance at Close of This Period 2611.95

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	62894.12
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 152
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Nurses United for Patient Protection**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Payroll
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712598</b>	
Amount Incurred This Period 5556.52	Payment This Period 0.00	Outstanding Balance at Close of This Period 5556.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Travel
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712599</b>	
Amount Incurred This Period 10051.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 10051.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Nurses United</b>	Nature of Debt (Purpose): Travel
Mailing Address 8630 Fenton Street Suite 1100	
City State Zip Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D712600</b>	
Amount Incurred This Period 10684.48	Payment This Period 0.00	Outstanding Balance at Close of This Period 10684.48

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	26292.19
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	239686.55
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	239686.55

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D692604</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 07 / 2016
Purpose of Expenditure Online advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Alliance Graphics</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address 1101 8th Street	Amount <span style="border: 1px solid black; padding: 2px;">1560.38</span>
City State Zip Code Berkeley CA 94710	<b>Transaction ID : D692605</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 11 / 2016
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1580.38</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C C00490375</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 155 Grand Avenue			Amount 466.50
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D692622</b>
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 11 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 757143.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016
Mailing Address 155 Grand Avenue			Amount 220.00
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D692894</b>
Purpose of Expenditure Site rental	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 98103.35			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	686.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date MM / DD / YYYY  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Campaign Workshop</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 15 / 2016
Mailing Address 1129 20th Street, Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">42000.00</span>
City State Zip Code Washington DC 20036	<b>Transaction ID : D692895</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 13 / 2016
Purpose of Expenditure Printing <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Campaign Workshop</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 15 / 2016
Mailing Address 1129 20th Street, Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">28000.00</span>
City State Zip Code Washington DC 20036	<b>Transaction ID : D692898</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 13 / 2016
Purpose of Expenditure Digital Advertising <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">148607.61</span>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">70000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Clear Channel Outdoor</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 28 / 2015</b>	
Mailing Address PO Box 591790				Amount <b>1400.00</b>	
City San Antonio	State TX	Zip Code 78259-0139		<b>Transaction ID : D692899</b>	
Purpose of Expenditure Printing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 13 / 2016</b>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		<b>148607.61</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 12 / 2016</b>	
Mailing Address 155 Grand Avenue				Amount <b>400.00</b>	
City Oakland	State CA	Zip Code 94612		<b>Transaction ID : D692900</b>	
Purpose of Expenditure Site rental		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 13 / 2016</b>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		<b>148607.61</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1800.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Clear Channel Outdoor</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 25 / 2016	
Mailing Address <b>PO Box 591790</b>		Amount <span style="border: 1px solid black; padding: 2px;">700.00</span>	
City <b>San Antonio</b>	State <b>TX</b>	Zip Code <b>78259-0139</b>	<b>Transaction ID : D709360</b>
Purpose of Expenditure <b>Printing</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 13 / 2016	
Name of Federal Candidate <b>BERNARD SANDERS</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">148607.61</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Clear Channel Outdoor</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 25 / 2016	
Mailing Address <b>PO Box 591790</b>		Amount <span style="border: 1px solid black; padding: 2px;">950.00</span>	
City <b>San Antonio</b>	State <b>TX</b>	Zip Code <b>78259-0139</b>	<b>Transaction ID : D709361</b>
Purpose of Expenditure <b>Printing</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 13 / 2016	
Name of Federal Candidate <b>BERNARD SANDERS</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1650.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C C00490375</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Autumn Press</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 15 / 2016</b>
Mailing Address <b>945 Camelia St</b>			Amount <b>627.83</b>
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710-1437</b>	<b>Transaction ID : D692896</b>
Purpose of Expenditure <b>Printing</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 14 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>98103.35</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 13 / 2016</b>
Mailing Address <b>155 Grand Avenue</b>			Amount <b>220.00</b>
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	<b>Transaction ID : D692897</b>
Purpose of Expenditure <b>Site rental</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 14 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>98103.35</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>847.83</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00490375</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">01 / 13 / 2016</span> </div>
Mailing Address <b>155 Grand Avenue</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">400.00</span> </div>
City <b>Oakland</b> State <b>CA</b> Zip Code <b>94612</b>	<b>Transaction ID : D692901</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">01 / 14 / 2016</span> </div>
Purpose of Expenditure <b>Site rental</b> Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Name of Federal Candidate <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <b>BERNARD SANDERS</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">148607.61</span> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Bus Bank</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">01 / 15 / 2016</span> </div>
Mailing Address <b>820 West Jackson Suite 815</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">14124.00</span> </div>
City <b>Chicago</b> State <b>IL</b> Zip Code <b>60607</b>	<b>Transaction ID : D692905</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">01 / 14 / 2016</span> </div>
Purpose of Expenditure <b>Bus tour expenses</b> Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Name of Federal Candidate <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <b>Bernie Sanders</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">757143.91</span> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">14524.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*
[Electronically Filed]
Date 
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER
C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Autumn Press
Mailing Address: 945 Camelia St
City: Berkeley, State: CA, Zip Code: 94710-1437
Purpose of Expenditure: Printing
Category/Type:
Name of Federal Candidate: BERNARD SANDERS
Support: [X]
Office Sought: [X] President
Disbursement For: [X] Primary
Amount: 833.79
Transaction ID: D692903

Full Name of Payee: Autumn Press
Mailing Address: 945 Camelia St
City: Berkeley, State: CA, Zip Code: 94710-1437
Purpose of Expenditure: Printing
Category/Type:
Name of Federal Candidate: BERNARD SANDERS
Support: [X]
Office Sought: [X] President
Disbursement For: [X] Primary
Amount: 1261.02
Transaction ID: D692904

(a) SUBTOTAL of Itemized Independent Expenditures: 2094.81
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: Martha Kuhl
Date: 06/08/2016
[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 15 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">1291.61</span>
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1391.61</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 19 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 19 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">150.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">85.30</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 19 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">200.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 19 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">285.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">180.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 19 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 19 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 20 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">230.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016
Mailing Address 155 Grand Avenue			Amount 50.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D693171
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 20 / 2016
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 19 / 2015
Mailing Address 155 Grand Avenue			Amount 230.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D693174
Purpose of Expenditure Site Rental	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought	148607.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	280.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date 06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 19 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">120.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D693175</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Site Rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 20 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">430.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D693176</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Site Rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">148607.61</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">550.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 20 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>210.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D693177</b>
Purpose of Expenditure Site Rental	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 21 / 2016</b>
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<b>98103.35</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>National Nurses United</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 21 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>100.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D693181</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 22 / 2016</b>
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<b>98103.35</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>310.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D712348</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 25 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D709354</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">150.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C C00490375</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 22 / 2016</b>
Mailing Address <b>155 Grand Avenue</b>			Amount <b>50.03</b>
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	<b>Transaction ID : D709355</b>
Purpose of Expenditure <b>Online Ad</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>98103.35</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 26 / 2016</b>
Mailing Address <b>155 Grand Avenue</b>			Amount <b>460.00</b>
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	<b>Transaction ID : D709356</b>
Purpose of Expenditure <b>Site Rental</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>98103.35</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>510.03</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 26 / 2016	
Mailing Address 155 Grand Avenue		Amount <span style="border: 1px solid black; padding: 2px;">900.00</span>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D709357</b>
Purpose of Expenditure Site Rental	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 26 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">148607.61</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 25 / 2016	
Mailing Address 155 Grand Avenue		Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D709358</b>
Purpose of Expenditure Online Ad	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 26 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">950.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">1789.93</span>
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1839.93</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C C00490375</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Alliance Graphics</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 03 / 2016</b>	
Mailing Address <b>1101 8th Street</b>				Amount <b>1512.89</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710</b>		<b>Transaction ID : D710082</b>	
Purpose of Expenditure <b>Printing</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 28 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>757143.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 27 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>				Amount <b>25.00</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>		<b>Transaction ID : D710089</b>	
Purpose of Expenditure <b>Online Ad</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 28 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>757143.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>1537.89</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>California Nurses Association</b>	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 155 Grand Avenue		Amount <input type="text"/>
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Online Ad	Category/Type <input type="text"/>	Transaction ID : <b>D710090</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Bernie Sanders	Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> District: <u>00</u> State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	757143.91	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>

Full Name of Payee <b>California Nurses Association</b>	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 155 Grand Avenue		Amount <input type="text"/>
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Online Ad	Category/Type <input type="text"/>	Transaction ID : <b>D709931</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate BERNARD SANDERS	Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> District: <u>00</u> State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	98103.35	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 30 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D709932</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 30 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D709933</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">90.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016	
Mailing Address 155 Grand Avenue		Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D709934</b>
Purpose of Expenditure Online Ad	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 30 / 2016	
Mailing Address 155 Grand Avenue		Amount <span style="border: 1px solid black; padding: 2px;">150.00</span>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D709935</b>
Purpose of Expenditure Site Rental	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">200.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>155 Grand Avenue</b>	Amount <input type="text"/>
City <b>Oakland</b> State <b>CA</b> Zip Code <b>94612</b>	<b>Transaction ID : D709936</b>
Purpose of Expenditure <b>Site Rental</b> Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate <b>BERNARD SANDERS</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>98103.35</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>155 Grand Avenue</b>	Amount <input type="text"/>
City <b>Oakland</b> State <b>CA</b> Zip Code <b>94612</b>	<b>Transaction ID : D709937</b>
Purpose of Expenditure <b>Site Rental</b> Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate <b>BERNARD SANDERS</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>98103.35</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> <b>950.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date  /  /

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">200.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Site Rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">148607.61</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D709938**

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 02 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">580.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Site Rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">148607.61</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D709939**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">780.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C C00490375</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 01 / 2016</b>
Mailing Address <b>155 Grand Avenue</b>			Amount <b>40.00</b>
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	<b>Transaction ID : D710083</b>
Purpose of Expenditure <b>Online Ad</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 02 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>98103.35</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 01 / 2016</b>
Mailing Address <b>155 Grand Avenue</b>			Amount <b>40.00</b>
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	<b>Transaction ID : D710084</b>
Purpose of Expenditure <b>Online Ad</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 02 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>98103.35</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>80.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Bus Bank</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Mailing Address 820 West Jackson Suite 815	Amount <span style="border: 1px solid black; padding: 2px;">131600.00</span>
City State Zip Code Chicago IL 60607	<b>Transaction ID : D710075</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 05 / 2016
Purpose of Expenditure Bus tour expenses	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 05 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710071</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">131650.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 05 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710072</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 05 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710073</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">150.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 06 / 2015
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

Full Name of Payee <b>Campaign Workshop</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Mailing Address 1129 20th Street, Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">505.82</span>
City State Zip Code Washington DC 20036	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">148607.61</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">545.82</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Campaign Workshop</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 20 / 2016
Mailing Address 1129 20th Street, Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">1433.95</span>
City State Zip Code Washington DC 20036	<b>Transaction ID : D710079</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Purpose of Expenditure Printing <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Campaign Workshop</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 15 / 2016
Mailing Address 1129 20th Street, Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">537.47</span>
City State Zip Code Washington DC 20036	<b>Transaction ID : D710080</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Purpose of Expenditure Printing <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1971.42</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Campaign Workshop</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 11 / 2016
Mailing Address 1129 20th Street, Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">537.47</span>
City State Zip Code Washington DC 20036	<b>Transaction ID : D710081</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Purpose of Expenditure Printing <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">98103.35</span>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">700.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710085</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Purpose of Expenditure Site Rental <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">148607.61</span>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1237.47</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 09 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">880.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Site Rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Name of Federal Candidate BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">148607.61</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">720.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Site Rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Name of Federal Candidate BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">148607.61</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1200.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00490375</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">02 / 11 / 2016</div>
Mailing Address 155 Grand Avenue	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">850.00</div>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710088</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">02 / 08 / 2016</div>
Purpose of Expenditure Site Rental	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>BERNARD SANDERS</b>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">148607.61</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Postal Systems, Inc.</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">02 / 09 / 2016</div>
Mailing Address 1890 North Blvd.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">77048.67</div>
City State Zip Code San Leandro CA 94577	<b>Transaction ID : D710103</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">02 / 08 / 2016</div>
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>BERNARD SANDERS</b>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">148607.61</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">77628.67</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*
[Electronically Filed]
Date 

M M / D D / Y Y Y Y Y Y

 06 / 08 / 2016

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Postal Systems, Inc.
Mailing Address 1890 North Blvd.
City San Leandro State CA Zip Code 94577
Purpose of Expenditure postage
Name of Federal Candidate BERNARD SANDERS
Calendar Year-To-Date Per Election for Office Sought 32655.37
Date of Public Distribution/Dissemination 02/10/2016
Amount 23829.17
Transaction ID : D710120
Date of Disbursement or Obligation 02/08/2016
Office Sought: President
Disbursement For: Primary

Full Name of Payee Postal Systems, Inc.
Mailing Address 1890 North Blvd.
City San Leandro State CA Zip Code 94577
Purpose of Expenditure postage
Name of Federal Candidate BERNARD SANDERS
Calendar Year-To-Date Per Election for Office Sought 98103.35
Date of Public Distribution/Dissemination 02/10/2016
Amount 33543.88
Transaction ID : D710121
Date of Disbursement or Obligation 02/08/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 57373.05
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Martha Kuhl
[Electronically Filed]
Date 06/08/2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Postal Systems, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>02 / 10 / 2016</b>
Mailing Address 1890 North Blvd.	Amount <b>19953.67</b>
City State Zip Code <b>San Leandro CA 94577</b>	
Purpose of Expenditure postage	Category/Type <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
Name of Federal Candidate <b>BERNARD SANDERS</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>02 / 08 / 2016</b>
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <b>27518.27</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Postal Systems, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>02 / 11 / 2016</b>
Mailing Address 1890 North Blvd.	Amount <b>71875.68</b>
City State Zip Code <b>San Leandro CA 94577</b>	
Purpose of Expenditure Postage	Category/Type <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
Name of Federal Candidate <b>BERNARD SANDERS</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>02 / 08 / 2016</b>
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <b>107877.13</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <b>91829.35</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date  **06** /  **08** /  **2016**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Postal Systems, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Mailing Address 1890 North Blvd.	Amount <span style="border: 1px solid black; padding: 2px;">43316.75</span>
City State Zip Code San Leandro CA 94577	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">58589.55</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Postal Systems, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Mailing Address 1890 North Blvd.	Amount <span style="border: 1px solid black; padding: 2px;">32015.64</span>
City State Zip Code San Leandro CA 94577	
Purpose of Expenditure Postage	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">83325.04</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">75332.39</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Postal Systems, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Mailing Address 1890 North Blvd.	Amount <span style="border: 1px solid black; padding: 2px;">41251.30</span>
City State Zip Code San Leandro CA 94577	
Purpose of Expenditure Postage	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">58055.50</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">11309.40</span>
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NY
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">83325.04</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">52560.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing
Name of Federal Candidate BERNARD SANDERS
Calendar Year-To-Date Per Election for Office Sought 58055.50
Date of Public Distribution/Dissemination
Amount 15079.20
Transaction ID : D710155
Date of Disbursement or Obligation 02/08/2016
Office Sought: President
Disbursement For: Primary

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 757143.91
Date of Public Distribution/Dissemination
Amount 427.05
Transaction ID : D710105
Date of Disbursement or Obligation 02/09/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 15506.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Martha Kuhl
[Electronically Filed]
Date 06/08/2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Autumn Press</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 09 / 2016</b>	
Mailing Address <b>945 Camelia St</b>				Amount <b>5449.45</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710-1437</b>		<b>Transaction ID : D710106</b>	
Purpose of Expenditure <b>Printing</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 09 / 2016</b>	
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>148607.61</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Alliance Graphics</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 10 / 2016</b>	
Mailing Address <b>1101 8th Street</b>				Amount <b>10971.90</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710</b>		<b>Transaction ID : D710108</b>	
Purpose of Expenditure <b>Printing</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 09 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>757143.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>16421.35</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 757143.91
Date of Public Distribution/Dissemination 02/12/2016
Amount 19637.31
Transaction ID : D710132
Date of Disbursement or Obligation 02/09/2016
Office Sought: President
Disbursement For: Primary

Full Name of Payee Minneapolis Labor Review
Mailing Address 312 Central Ave Suite 542
City Minneapolis State MN Zip Code 55414
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 2413.63
Date of Public Distribution/Dissemination 02/19/2016
Amount 2413.63
Transaction ID : D710484
Date of Disbursement or Obligation 02/09/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 22050.94
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date 06/08/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">3322.30</span>
City State Zip Code Berkeley CA 94710-1437	<b>Transaction ID : D710112</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">21347.52</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">13198.03</span>
City State Zip Code Berkeley CA 94710-1437	<b>Transaction ID : D710113</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">16520.33</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">8796.20</span>
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
<span style="border: 1px solid black; padding: 2px;">32655.37</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D710114**

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2016

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">12566.05</span>
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
<span style="border: 1px solid black; padding: 2px;">98103.35</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D710115**

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2016

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">21362.25</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">7539.60</span>
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CO
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">27518.27</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">26388.60</span>
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">148607.61</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">33928.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">3769.80</span>
City State Zip Code Berkeley CA 94710-1437	<b>Transaction ID : D710118</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Purpose of Expenditure Printing <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">21347.52</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Michael Konopacki</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Mailing Address PO Box 1917	Amount <span style="border: 1px solid black; padding: 2px;">600.00</span>
City State Zip Code Madison WI 53701-1917	<b>Transaction ID : D710119</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2016
Purpose of Expenditure Graphic Design for PAC <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">4369.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 02 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>3935.43</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	<b>Transaction ID : D710145</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 12 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>757143.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 12 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>12082.66</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	<b>Transaction ID : D710146</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 12 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>757143.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>16018.09</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]    Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 11 / 2016</b>
Mailing Address 155 Grand Avenue	Amount <b>100.00</b>
City State Zip Code <b>Oakland CA 94612</b>	<b>Transaction ID : D710147</b> Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 12 / 2016</b>
Purpose of Expenditure Online Ad	Category/Type
Name of Federal Candidate <b>Bernie Sanders</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <b>757143.91</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Michael Konopacki</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 02 / 2016</b>
Mailing Address PO Box 1917	Amount <b>600.00</b>
City State Zip Code <b>Madison WI 53701-1917</b>	<b>Transaction ID : D710149</b> Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 12 / 2016</b>
Purpose of Expenditure Cartoon	Category/Type
Name of Federal Candidate <b>Bernie Sanders</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <b>757143.91</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>700.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date MM / DD / YYYY  
**06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Erin L FitzGerald</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016
Mailing Address 1028 Florida Street	Amount <span style="border: 1px solid black; padding: 2px;">4200.00</span>
City State Zip Code Vallejo CA 94590	
Purpose of Expenditure Video Production	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 16 / 2016
Name of Federal Candidate BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">21347.52</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">4250.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 14 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>50.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710196</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <b>21347.52</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 15 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>50.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710197</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <b>21347.52</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>100.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 16 / 2016</b>
Mailing Address 155 Grand Avenue	Amount <b>50.00</b>
City State Zip Code <b>Oakland CA 94612</b>	<b>Transaction ID : D710198</b>
Purpose of Expenditure Online Ad	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<b>757143.91</b>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 16 / 2016</b>
Mailing Address 155 Grand Avenue	Amount <b>50.00</b>
City State Zip Code <b>Oakland CA 94612</b>	<b>Transaction ID : D710199</b>
Purpose of Expenditure Online Ad	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<b>757143.91</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>100.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date

Signature MM / DD / YYYY **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 16 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>50.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710200</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <b>148607.61</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 16 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>873.80</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710201</b>
Purpose of Expenditure Payroll Expense	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <b>757143.91</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>923.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 16 / 2016</b>	
Mailing Address 155 Grand Avenue				Amount <b>1886.85</b>	
City Oakland	State CA	Zip Code 94612		<b>Transaction ID : D710202</b>	
Purpose of Expenditure Payroll Expense		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		<b>757143.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 17 / 2016</b>	
Mailing Address 155 Grand Avenue				Amount <b>570.00</b>	
City Oakland	State CA	Zip Code 94612		<b>Transaction ID : D710464</b>	
Purpose of Expenditure Site Rental		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 18 / 2016</b>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		<b>107877.13</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2456.85</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 18 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">640.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710465</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 18 / 2016
Purpose of Expenditure Site Rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">107877.13</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 20 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">320.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710463</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 20 / 2016
Purpose of Expenditure Site Rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">107877.13</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">960.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 23 / 2016
Mailing Address 155 Grand Avenue		Amount 50.00
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Online Ad	Category/Type	Transaction ID : <b>D710467</b> Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2016
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	21347.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 21 / 2016
Mailing Address 155 Grand Avenue		Amount 75.00
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Online Ad	Category/Type	Transaction ID : <b>D710472</b> Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2016
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	125.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date MM / DD / YYYY 06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 21 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710474</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 23 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">757143.91</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 20 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710475</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 23 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">757143.91</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">200.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 19 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710476</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 23 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 19 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">200.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710481</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 23 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2840.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">220.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>UE Western Regional Council</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 20 / 2016
Mailing Address 37 South Ashland Ave	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Chicago IL 60607	
Purpose of Expenditure Site Rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 23 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">58589.55</span>	

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 24 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">3052.32</span>
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 24 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">3152.32</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00490375</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Bus Bank</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">02 / 25 / 2016</span> </div>
Mailing Address 820 West Jackson Suite 815	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">5784.47</span> </div>
City State Zip Code Chicago IL 60607	<b>Transaction ID : D710479</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">02 / 24 / 2016</span> </div>
Purpose of Expenditure Bus Tour	Category/Type <input type="text"/>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">757143.91</span> </div>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">02 / 24 / 2016</span> </div>
Mailing Address 155 Grand Avenue	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">100.00</span> </div>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710468</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">02 / 25 / 2016</span> </div>
Purpose of Expenditure Online Ad	Category/Type <input type="text"/>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">21347.52</span> </div>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">5884.47</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
 Signature

[Electronically Filed]    Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 24 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710469</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 25 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">21347.52</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 25 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">1397.08</span>
City State Zip Code Berkeley CA 94710-1437	<b>Transaction ID : D710470</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 25 / 2016
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">21347.52</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1447.08</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 26 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">14692.42</span>
City State Zip Code Berkeley CA 94710-1437	<b>Transaction ID : D710480</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 25 / 2016
Purpose of Expenditure Printing <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 24 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">250.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710482</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 25 / 2016
Purpose of Expenditure Online Ad <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">372762.50</span>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">14942.42</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 25 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 26 / 2016
Name of Federal Candidate BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">21347.52</span>	

Full Name of Payee <b>North Wood Advertising</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 29 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount <span style="border: 1px solid black; padding: 2px;">65353.00</span>
City State Zip Code Minneapolis MN 55402	
Purpose of Expenditure Radio	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 29 / 2016
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">82078.00</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">65373.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 01 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">200.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D710519**

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 29 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D710520**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">240.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 29 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>25.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710521</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 01 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		<b>27518.27</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 29 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>25.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710522</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 01 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought		<b>82078.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>50.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 29 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D710523**

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 29 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">300.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D710524**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">400.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 29 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710525</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 01 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 29 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710526</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 01 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">200.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 757143.91
Date of Public Distribution/Dissemination 02/29/2016
Amount 1931.74
Transaction ID : D710527
Date of Disbursement or Obligation 03/01/2016
Office Sought: President
Disbursement For: Primary

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 757143.91
Date of Public Distribution/Dissemination 02/29/2016
Amount 11097.54
Transaction ID : D710528
Date of Disbursement or Obligation 03/01/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 13029.28
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Martha Kuhl [Electronically Filed] Date 06/08/2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Campaign Workshop</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination 11 / 09 / 2015	
Mailing Address 1129 20th Street, Suite 200		Amount 750.00		Transaction ID : <b>D710532</b>	
City Washington	State DC	Zip Code 20036	Date of Disbursement or Obligation 03 / 01 / 2016		
Purpose of Expenditure Printing		Category/Type		Name of Federal Candidate BERNARD SANDERS	
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
				District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought		98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name of Payee <b>Campaign Workshop</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination 12 / 15 / 2015	
Mailing Address 1129 20th Street, Suite 200		Amount 300.00		Transaction ID : <b>D710533</b>	
City Washington	State DC	Zip Code 20036	Date of Disbursement or Obligation 03 / 01 / 2016		
Purpose of Expenditure Printing		Category/Type		Name of Federal Candidate BERNARD SANDERS	
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
				District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought		98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	1050.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

Signature \_\_\_\_\_ Date **06 / 08 / 2016**

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Campaign Workshop</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 07 / 2016</b>
Mailing Address 1129 20th Street, Suite 200			Amount <b>655.65</b>
City Washington	State DC	Zip Code 20036	<b>Transaction ID : D710534</b>
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 01 / 2016</b>
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<b>98103.35</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Campaign Workshop</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 15 / 2015</b>
Mailing Address 1129 20th Street, Suite 200			Amount <b>300.00</b>
City Washington	State DC	Zip Code 20036	<b>Transaction ID : D710535</b>
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 01 / 2016</b>
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<b>148607.61</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>955.65</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Campaign Workshop
Mailing Address 1129 20th Street, Suite 200
City Washington State DC Zip Code 20036
Purpose of Expenditure Printing
Name of Federal Candidate BERNARD SANDERS
Calendar Year-To-Date Per Election for Office Sought 148607.61
Date of Public Distribution/Dissemination 01/07/2016
Amount 677.55
Transaction ID : D710536
Date of Disbursement or Obligation 03/01/2016
Office Sought: President
Disbursement For: Primary

Full Name of Payee Campaign Workshop
Mailing Address 1129 20th Street, Suite 200
City Washington State DC Zip Code 20036
Purpose of Expenditure Printing
Name of Federal Candidate BERNARD SANDERS
Calendar Year-To-Date Per Election for Office Sought 148607.61
Date of Public Distribution/Dissemination 02/08/2016
Amount 84.55
Transaction ID : D710537
Date of Disbursement or Obligation 03/01/2016
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 762.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Martha Kuhl [Electronically Filed] Date 06/08/2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Campaign Workshop</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1129 20th Street, Suite 200				Amount <input type="text"/>	
City Washington	State DC	Zip Code 20036		Transaction ID : <b>D710538</b>	
Purpose of Expenditure Printing		Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 107877.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 155 Grand Avenue				Amount <input type="text"/>	
City Oakland	State CA	Zip Code 94612		Transaction ID : <b>D710540</b>	
Purpose of Expenditure Online Ad		Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 8563.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl  
Signature

[Electronically Filed]

Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 01 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 02 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">82078.00</span>	

Full Name of Payee <b>Erin L FitzGerald</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 27 / 2016
Mailing Address 1028 Florida Street	Amount <span style="border: 1px solid black; padding: 2px;">5500.00</span>
City State Zip Code Vallejo CA 94590	
Purpose of Expenditure Video Production	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 02 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">5550.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 02 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710610</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 03 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 02 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">12082.66</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710611</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 03 / 2016
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">12132.66</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 06 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">436.90</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Payroll Expense	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 06 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">943.42</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Payroll Expense	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1380.32</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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Signature Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 02 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 03 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">58589.55</span>	

Full Name of Payee <b>National Nurses United</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 03 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">30228.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Media Time Buy	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 03 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">30278.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>National Nurses United</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 01 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">1250.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710619</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 03 / 2016
Purpose of Expenditure Media Time Buy	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Postal Systems, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 09 / 2016
Mailing Address 1890 North Blvd.	Amount <span style="border: 1px solid black; padding: 2px;">1424.50</span>
City State Zip Code San Leandro CA 94577	<b>Transaction ID : D710673</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 03 / 2016
Purpose of Expenditure Postage	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">148607.61</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2674.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : D710673

This payment to Postal Systems was originally 48-hour reported on February 12, 2016 as an estimated amount. This payment, along with the earlier reported payment on February 8, 2016, represent the correct actual cost of the independent expenditure.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 04 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">87.20</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 03 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">43.60</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Equipment Expense	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">58589.55</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">130.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 03 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 04 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">30.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Alliance Graphics</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 04 / 2016
Mailing Address 1101 8th Street	Amount <span style="border: 1px solid black; padding: 2px;">3560.58</span>
City State Zip Code Berkeley CA 94710	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 04 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">3590.58</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 04 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">999.99</span> 570.83
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">999.99</span> 107877.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Flysigns Aerial Advertising, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 05 / 2016
Mailing Address 40944 Calle Santa Cruz	Amount <span style="border: 1px solid black; padding: 2px;">999.99</span> 2340.00
City State Zip Code Indio CA 92203-7487	
Purpose of Expenditure Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">999.99</span> 2840.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span> 2910.83
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>North Wood Advertising</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount 19000.00
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D712314
Purpose of Expenditure Radio	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016
Mailing Address 155 Grand Avenue			Amount 50.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710654
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 07 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	190050.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490375       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 04 / 2016</b>	
Mailing Address 155 Grand Avenue		Amount <b>100.00</b>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710655</b>
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 07 / 2016</b>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>757143.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 13 / 2016</b>	
Mailing Address 155 Grand Avenue		Amount <b>436.90</b>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710656</b>
Purpose of Expenditure Payroll Expense	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 07 / 2016</b>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>757143.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>536.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl    [Electronically Filed]    Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 13 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>943.43</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710657</b>
Purpose of Expenditure Payroll Expense	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 07 / 2016</b>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>757143.91</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 07 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>100.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710676</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 09 / 2016</b>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>757143.91</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1043.43</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 08 / 2016	
Mailing Address 155 Grand Avenue		Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710677</b>
Purpose of Expenditure Online Ad	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 08 / 2016	
Mailing Address 155 Grand Avenue		Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710679</b>
Purpose of Expenditure Online Ad	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2840.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">110.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 08 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">250.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710680</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2840.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 08 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710681</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MO
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">32655.37</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">280.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Mailing Address 155 Grand Avenue		Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710678</b>
Purpose of Expenditure Online Ad	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 10 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Mailing Address 155 Grand Avenue		Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710682</b>
Purpose of Expenditure Online Ad	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 10 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">58055.50</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">150.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710683</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 10 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">58055.50</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">4155.00</span>
City State Zip Code Berkeley CA 94710-1437	<b>Transaction ID : D710687</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 10 / 2016
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">4205.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Outfront Media</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 28 / 2016
Mailing Address 185 US Highway 46		Amount 117231.25
City Fairfield	State NJ	Zip Code 07004
Purpose of Expenditure Print Advertising	Category/Type	Transaction ID : <b>D711251</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2016
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2016
Mailing Address 155 Grand Avenue		Amount 200.00
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Online Ad	Category/Type	Transaction ID : <b>D710684</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 11 / 2016
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	117431.25
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date MM / DD / YYYY 06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 10 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>40.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710685</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 11 / 2016</b>
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <b>107877.13</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 10 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>164.86</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710686</b>
Purpose of Expenditure Site Rental	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 11 / 2016</b>
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <b>107877.13</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>204.86</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00490375</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>ELead Resources</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 11 / 2016</b>
Mailing Address <b>314 W Superior St</b>			Amount <b>1636.62</b>
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60654</b>	<b>Transaction ID : D710688</b>
Purpose of Expenditure <b>Printing</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 11 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <b>757143.91</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Erin L FitzGerald</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 10 / 2016</b>
Mailing Address <b>1028 Florida Street</b>			Amount <b>1050.00</b>
City <b>Vallejo</b>	State <b>CA</b>	Zip Code <b>94590</b>	<b>Transaction ID : D710689</b>
Purpose of Expenditure <b>Video Production</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 11 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <b>757143.91</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2686.62</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Javier Moreno Pollaroio</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 12 / 2016</b>
Mailing Address <b>1521 3rd Ave</b>			Amount <b>63.44</b>
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94606</b>	<b>Transaction ID : D710690</b>
Purpose of Expenditure <b>Translation Services</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 11 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>00</b> State: <b>DC</b>
Calendar Year-To-Date Per Election for Office Sought	<b>757143.91</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	<b>2016</b>

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 12 / 2016</b>
Mailing Address <b>155 Grand Avenue</b>			Amount <b>150.00</b>
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	<b>Transaction ID : D710702</b>
Purpose of Expenditure <b>Online Ad</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 14 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>00</b> State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought	<b>58055.50</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	<b>2016</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>213.44</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Martha Kuhl*  
Signature

[Electronically Filed] Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Bus Bank</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 16 / 2016
Mailing Address 820 West Jackson Suite 815	Amount <span style="border: 1px solid black; padding: 2px;">65600.00</span>
City State Zip Code Chicago IL 60607	
Purpose of Expenditure Bus tour expense	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 14 / 2016
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

Full Name of Payee <b>Erin L FitzGerald</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 14 / 2016
Mailing Address 1028 Florida Street	Amount <span style="border: 1px solid black; padding: 2px;">1200.00</span>
City State Zip Code Vallejo CA 94590	
Purpose of Expenditure Video Production	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 14 / 2016
Name of Federal Candidate BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">58055.50</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">66800.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Autumn Press</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 11 / 2016</b>	
Mailing Address <b>945 Camelia St</b>				Amount <b>2443.45</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710-1437</b>		<b>Transaction ID : D710705</b>	
Purpose of Expenditure <b>Printing</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 14 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>757143.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Autumn Press</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 13 / 2015</b>	
Mailing Address <b>945 Camelia St</b>				Amount <b>569.88</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710-1437</b>		<b>Transaction ID : D710706</b>	
Purpose of Expenditure <b>Printing</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 14 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>757143.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3013.33</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Autumn Press</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 14 / 2016
Mailing Address 945 Camelia St	Amount <span style="border: 1px solid black; padding: 2px;">2274.84</span>
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Javier Moreno Pollaroio</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 28 / 2016
Mailing Address 1521 3rd Ave	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City State Zip Code Oakland CA 94606	
Purpose of Expenditure Translation Services	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2294.84</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Javier Moreno Pollaroio</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 28 / 2016
Mailing Address 1521 3rd Ave	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City State Zip Code Oakland CA 94606	
Purpose of Expenditure Translation Services	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 14 / 2016
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 14 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 15 / 2016
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">120.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 14 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">757143.91</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D710713**

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 14 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">757143.91</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D710714**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">150.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 14 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>150.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D710715</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 15 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought		<b>58055.50</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 09 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>3854.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D712354</b>
Purpose of Expenditure Radio	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 15 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought		<b>7708.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>4004.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>03 / 14 / 2016</b>
Mailing Address 155 Grand Avenue	Amount <b>75.00</b>
City State Zip Code <b>Oakland CA 94612</b>	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
Name of Federal Candidate <b>BERNARD SANDERS</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>03 / 15 / 2016</b>
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <b>58055.50</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>North Wood Advertising</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>03 / 26 / 2016</b>
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount <b>12020.00</b>
City State Zip Code <b>Minneapolis MN 55402</b>	
Purpose of Expenditure Radio	Category/Type <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
Name of Federal Candidate <b>BERNARD SANDERS</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>03 / 15 / 2016</b>
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought <b>12050.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>12095.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**06 / 08 / 2016**

Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : D712558

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>North Wood Advertising</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 26 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount 23500.00
City Minneapolis	State MN	Zip Code 55402	<b>Transaction ID : D712559</b>
Purpose of Expenditure Radio	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought		23530.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>North Wood Advertising</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 26 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount 16650.00
City Minneapolis	State MN	Zip Code 55402	<b>Transaction ID : D712560</b>
Purpose of Expenditure Radio	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		82078.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	40150.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
06 / 08 / 2016

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : D712559

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule: SE

Transaction ID: D712560

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>North Wood Advertising</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 25 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount 30.00
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D712561
Purpose of Expenditure Radio	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 12050.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>North Wood Advertising</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 22 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount 25438.44
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D712562
Purpose of Expenditure Radio	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 25438.44			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	25468.44
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
06 / 08 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : D712561

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule: SE

Transaction ID: D712562

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : D712563

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Bus Bank</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 16 / 2016
Mailing Address 820 West Jackson Suite 815			Amount <span style="border: 1px solid black; padding: 2px;">12273.95</span>
City Chicago	State IL	Zip Code 60607	<b>Transaction ID : D710723</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 16 / 2016
Purpose of Expenditure Bus tour expense		Category/Type	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 16 / 2016
Mailing Address 155 Grand Avenue			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D711492</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 16 / 2016
Purpose of Expenditure Site Rental		Category/Type	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">107877.13</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	12323.95
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Martha Kuhl*  
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 16 / 2016
Mailing Address 155 Grand Avenue			Amount 50.00
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D711493</b>
Purpose of Expenditure Site Rental	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 16 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		58055.50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>North Wood Advertising</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 16 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount 87847.44
City Minneapolis	State MN	Zip Code 55402	<b>Transaction ID : D712315</b>
Purpose of Expenditure Radio	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 16 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	87897.44
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Martha Kuhl*  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Outfront Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 16 / 2016
Mailing Address 185 US Highway 46	Amount <span style="border: 1px solid black; padding: 2px;">34300.00</span>
City State Zip Code Fairfield NJ 07004	<b>Transaction ID : D712321</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 16 / 2016
Purpose of Expenditure Print Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

Full Name of Payee <b>Matrix Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 28 / 2016
Mailing Address 463 E Town St	Amount <span style="border: 1px solid black; padding: 2px;">9539.00</span>
City State Zip Code Columbus OH 43215	<b>Transaction ID : D711254</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 17 / 2016
Purpose of Expenditure Print Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MD
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">9539.00</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">43839.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Matrix Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 28 / 2016
Mailing Address 463 E Town St	Amount <span style="border: 1px solid black; padding: 2px;">6500.00</span>
City State Zip Code Columbus OH 43215	
Purpose of Expenditure Print Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 17 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 17 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 17 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">372762.50</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">6550.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00490375</span> </div>
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Outfront Media</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 04 / 2016
Mailing Address 185 US Highway 46	Amount <span style="border: 1px solid black; padding: 2px;">24300.00</span>
City State Zip Code Fairfield NJ 07004	<b>Transaction ID : D711374</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016
Purpose of Expenditure Print Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">372762.50</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 17 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D711384</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">24350.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">757143.91</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D711385**

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">150.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">757143.91</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : D711386**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">200.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016
Mailing Address 155 Grand Avenue			Amount 200.00
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D711387</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Javier Moreno Pollarorio</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 17 / 2016
Mailing Address 1521 3rd Ave			Amount 200.00
City Oakland	State CA	Zip Code 94606	<b>Transaction ID : D711405</b>
Purpose of Expenditure Translation Services	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	400.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date 06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Erin L FitzGerald</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 17 / 2016</b>
Mailing Address 1028 Florida Street			Amount <b>410.00</b>
City Vallejo	State CA	Zip Code 94590	<b>Transaction ID : D711408</b>
Purpose of Expenditure Video Production	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 18 / 2016</b>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>757143.91</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	2016

Full Name of Payee <b>Outfront Media</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 04 / 2016</b>
Mailing Address 185 US Highway 46			Amount <b>11750.00</b>
City Fairfield	State NJ	Zip Code 07004	<b>Transaction ID : D712331</b>
Purpose of Expenditure Print Advertising	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 18 / 2016</b>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought	<b>372762.50</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	2016

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>12160.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Outfront Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 18 / 2016
Mailing Address 185 US Highway 46	Amount <span style="border: 1px solid black; padding: 2px;">325.00</span>
City State Zip Code Fairfield NJ 07004	<b>Transaction ID : D712332</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016
Purpose of Expenditure Print Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">372762.50</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Outfront Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 02 / 2016
Mailing Address 185 US Highway 46	Amount <span style="border: 1px solid black; padding: 2px;">3950.00</span>
City State Zip Code Fairfield NJ 07004	<b>Transaction ID : D712333</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016
Purpose of Expenditure Print Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">372762.50</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">4275.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 20 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">150.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D710986</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 22 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: ID
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">6535.00</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 20 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">943.43</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D711388</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 22 / 2016
Purpose of Expenditure Payroll Expense	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1093.43</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 22 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 19 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">175.00</span>
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 22 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">275.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 20 / 2016
Mailing Address 155 Grand Avenue			Amount 200.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D711391
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 22 / 2016
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 22 / 2016
Mailing Address 155 Grand Avenue			Amount 100.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D711392
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	300.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date 06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Alliance Graphics</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 25 / 2016	
Mailing Address 1101 8th Street		Amount 1314.00		Transaction ID : <b>D711410</b>	
City Berkeley	State CA	Zip Code 94710	Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016		
Purpose of Expenditure Printing		Category/Type		Name of Federal Candidate Bernie Sanders	
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate		District: 00 State: DC	
Calendar Year-To-Date Per Election for Office Sought		757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
2016					

Full Name of Payee <b>Outfront Media</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 28 / 2016	
Mailing Address 185 US Highway 46		Amount 2775.00		Transaction ID : <b>D711253</b>	
City Fairfield	State NJ	Zip Code 07004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2016		
Purpose of Expenditure Print Advertising		Category/Type		Name of Federal Candidate Bernie Sanders	
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate		District: 00 State: CA	
Calendar Year-To-Date Per Election for Office Sought		372762.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
2016					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	4089.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date MM / DD / YYYY  
 06 / 08 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Outfront Media</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 04 / 2016</b>
Mailing Address 185 US Highway 46			Amount <b>4750.00</b>
City Fairfield	State NJ	Zip Code 07004	<b>Transaction ID : D711375</b>
Purpose of Expenditure Print Advertising	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 24 / 2016</b>
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <b>372762.50</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Outfront Media</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 04 / 2016</b>
Mailing Address 185 US Highway 46			Amount <b>9000.00</b>
City Fairfield	State NJ	Zip Code 07004	<b>Transaction ID : D711376</b>
Purpose of Expenditure Print Advertising	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 24 / 2016</b>
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <b>372762.50</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>13750.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Outfront Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 04 / 2016
Mailing Address 185 US Highway 46	Amount <span style="border: 1px solid black; padding: 2px;">243.75</span>
City State Zip Code Fairfield NJ 07004	<b>Transaction ID : D711377</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016
Purpose of Expenditure Print Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">372762.50</span>	

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D711393</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016
Purpose of Expenditure Online Ad	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">757143.91</span>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">343.75</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016	
Mailing Address 155 Grand Avenue		Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D711394</b>
Purpose of Expenditure Online Ad	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>California Nurses Association</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016	
Mailing Address 155 Grand Avenue		Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D711395</b>
Purpose of Expenditure Online Ad	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">757143.91</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">200.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Campaign Workshop</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 25 / 2016
Mailing Address 1129 20th Street, Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">41000.00</span>
City State Zip Code Washington DC 20036	<b>Transaction ID : D711490</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 25 / 2016
Purpose of Expenditure Printing <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">372762.50</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>North Wood Advertising</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount <span style="border: 1px solid black; padding: 2px;">40000.00</span>
City State Zip Code Minneapolis MN 55402	<b>Transaction ID : D711491</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 25 / 2016
Purpose of Expenditure Radio <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span>	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">40000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">81000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Outfront Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 25 / 2016
Mailing Address 185 US Highway 46	Amount <span style="border: 1px solid black; padding: 2px;">1850.00</span>
City State Zip Code Fairfield NJ 07004	<b>Transaction ID : D712322</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 25 / 2016
Purpose of Expenditure Print Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">372762.50</span>	<span style="border: 1px solid black; padding: 2px;"> </span>

Full Name of Payee <b>California Nurses Association</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 25 / 2016
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D711024</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 26 / 2016
Purpose of Expenditure Online ads	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: HI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">23530.00</span>	<span style="border: 1px solid black; padding: 2px;"> </span>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1880.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Erin L FitzGerald</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 21 / 2016</b>
Mailing Address 1028 Florida Street			Amount <b>840.00</b>
City Vallejo	State CA	Zip Code 94590	<b>Transaction ID : D711409</b>
Purpose of Expenditure Video Production	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 28 / 2016</b>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>757143.91</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>California Nurses Association</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 30 / 2016</b>
Mailing Address 155 Grand Avenue			Amount <b>50.00</b>
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D711396</b>
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 30 / 2016</b>
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>757143.91</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>890.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>1978147.82</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl*  
Signature

[Electronically Filed]

Date **06 / 08 / 2016**